

## INSTRUCTIONS FOR COMPLETING THE ARKANSAS COUNSELING LICENSURE APPLICATION PROCESS

### Application for Counseling License

Please supply all information requested on the *Application for Counseling License* form. Complete each line and include both your office and residence phone numbers. Type in “N/A” if the information requested does not apply to you. List all professional work experience and professional training, including degrees earned and the relevant dates, along with a description of other valid professional licenses or certificates for which you have qualified. The *Affidavit of Residency*, included at the end of the form, must be signed and witnessed by a notary public.

### Core Curriculum Sheet

The Core Curriculum Summary refers to graduate course content area requirements every applicant for licensure must satisfy. Before filling out the Summary, please refer to the relevant descriptions of the core content areas. (abstracted pages 25-27 of the *Accreditation Procedures Manual of the Council on Accreditation of Counseling and Related Educational Programs [CACREP]*.)

Utilizing the CACREP descriptions as guidelines, please supply the number and title (as they appear on your official transcript of graduate work completed) of each course you wish to reference in documenting how your professional academic preparation fulfill content area requirements. More than one course may be listed to exhibit coverage of a given area.

In some instances, if questions arise, the Board may require a copy of a course description from a graduate catalog or a verification statement from an appropriate university official confirming that the course in question may be cited as fulfilling the area requirement.

### Statement of Professional Intent

Please attach to your *Application for Counseling License* form a **type-written** or **word-processed** *Statement of Professional Intent* on the enclosed form. Your statement should outline briefly the general nature of the work in which you expect to engage as a professional counselor. You must include a succinct summary of the methods, techniques and theoretical approaches you anticipate utilizing, and the populations you aspire to serve.

If you already hold any recognized credentials for one or more specializations, you should so state and include photocopies of any certificates or licenses so held.

Your *Statement of Professional Intent* will serve to define to the Board and to the citizens of the state of Arkansas the professional role you intend to assume as a licensed counselor. The document will be held on file and may be subject to scrutiny and review at any in the future, should questions about your professional performance arise.

Your *Statement* may be revised and updated when you obtain additional credentials or complete training which qualifies you for a recognized specialization. Selected specializations are recognized when other state boards or national professional organizations have issued credentials which meet standards and guidelines acceptable to the board.

### **Letters of Recommendation**

You are required as an applicant to furnish a minimum of *three* (3) recommendations in support of your licensure application. Two (2) should be supplied by persons who can attest to your professional training and/or competence. At least one (1) should be a non-academic character reference.

Please instruct each person you select to complete the enclosed recommendation form and mail it *directly* to the Board.

(Current board members, relatives of the applicant and clients may not submit recommendations, recent graduates are encouraged to submit at least one recommendation from a counselor educator familiar with the applicant's academic performance.)

### **Documentation of Supervised Professional Experience**

Documentation of *three* (3) or more years of supervised professional experience at the post-master's level is required for eligibility to become a Licensed Professional Counselor. Candidates with less than three years of documented post-master's supervised experience may qualify for the status of Licensed Associate Counselor (see below, "Licensure Approval.")

Supervised practica and internships completed to satisfy part of the requirements for a master's degree may *not* be included. However, advanced preparation (post-master's course work) in counseling may contribute to the minimum number of years of supervised professional experience: thirty (30) credit hours of counseling-related courses may be substituted for one year of supervised experience, up to a maximum of two year's credit. Appropriate individual graduate courses may be credited on a pro-rated basis.

### **Submission of Application materials**

Application materials, as described above, should be submitted for Board consideration as a single package, at one time, and must include (1) the Application for Counseling License; (2) the Core Curriculum Sheet; (3) the Statement of Professional Intent; (4) and Documentation of Supervised Professional Experience.

Your application will not be considered complete until all necessary supporting documents, including the three (3) recommendations and official transcripts, have been received.

In addition, you are required to have an official copy of your graduate transcript(s) sent directly from the institution(s) you have attended. Transcripts must be sent directly by the college or university where the course work was completed; photocopies or fax copies of these documents supplied by an applicant are not acceptable.

Please do not submit transcripts and recommendations until your application has been mailed to the board.

An application fee of **\$200.00** must be tendered with the application materials (effective 2/1/97). Your check should be payable to **Arkansas Board of Examiners in Counseling**. Applicants are strongly encouraged to retain copies of all documents submitted.

Upon receipt of the application documents and fee described above, together with the supporting letters of recommendation and transcript records, the Board will review the materials supplied, usually at the next scheduled meeting subsequent to the receipt of an application.

Anyone enrolled for his or her final term must provide a letter from an academic advisor, coordinator, or department chair attesting that all degree requirements will be met by the end of the current term of enrollment. The letter should list all courses currently being completed.

### **The Written Examination**

The written examination is administered four (4) times a year by NBCC (effective 1/1/98). The Examination Registration must be submitted to NBCC prior to the exam deadline. It is the candidates responsibility to apply for the NCE Examination and to have the results sent *directly* to the Arkansas Board of Examiners in Counseling office prior to the scheduled Oral Examination.  
(Effective 6/15/98) Registration Form Enclosed.

The examination covers essential elements of the common core areas as described for the Core Curriculum Sheet. A study guide to the examination is available directly from the National Board for Certified Counselors. An order form is included in this packet.

### **Oral Examination**

The oral examination is usually scheduled for the first Board meeting subsequent to the applicant's having achieved a passing score on the most recent written examination and approval of the applicant's materials. Applicants will be notified of the time and place for the oral examination.

### **Criminal Background Check**

See Rules/Regulations for instructions on completing the requirement. (ACT 1317 of 1997)

### **Licensure Approval**

Licensure is granted upon successful completion of the oral examination. The status of “Licensed Associate Counselor” may be conferred upon an applicant with less than three years of advanced-level supervised experience if all other requirements have been met. Prior to receipt of the license, the applicant will be supplied with a list of Board-approved supervisors and a copy of a blank supervision agreement. The applicant must obtain (1) Board approval of a supervision agreement with a Board-approved supervisor, (2) mail the signed supervision agreement to the Arkansas Board of Examiners in Counseling ( Fax copies will not be accepted), and (3) pay the initial licensing fee. The biennial licensure renewal notice and licensure fee will be mailed to you the first of April. All license renewals are based on the fiscal year: July 1<sup>st</sup> each two years.

**ALL FORMS AND SUPPORTING CREDENTIALS SHOULD BE SUBMITTED TO:**

**Arkansas Board of Examiners in Counseling  
P.O. BOX 70  
Magnolia, AR 71754-0070**

***The applicant is responsible for keeping the Board informed of any change in address.***

## SUPERVISION INFORMATION FOR LAC'S AND LAMFT'S

The Arkansas Board of Examiners in Counseling is committed to quality supervision being offered to LAC's and LAMFT's in our state. The enclosed information is intended to clarify the standards for supervision as expected by the Board of Examiners.

Supervision shall be provided at the appropriate Phase ratio of face to face direct contact:

Phase I: 1,000 hours at the ratio of 1:10 (1 hour of supervision for each 10 client contact hours).

Phase II: 1,000 hours at the ratio of 1:15 (1 hour of supervision for each 15 client contact hours).

Phase III: 1,000 hours at the ratio of 1:30 (1 hour of supervision for each 30 client contact hours).

Fifty percent (50%) of supervision hours may be done in a group setting if the group does not exceed five persons.

Examples of unacceptable supervision are telephone, fax, or e-mail communications. The fee and method of payment for supervision should be in writing, and copies retained by the supervisor and the supervisee. Billing supervision hours to health insurance's or HMO's is unethical and illegal. The Board strongly recommends that LAC's and LAMFT's carry liability insurance.

These guidelines are designed to:

- inform you of what you can expect in supervision
- assist you in seeking to contract with a Board Approved Supervisor
- ensure that your supervision experience is effective, and
- facilitates your personal and professional growth

Should you have any question, please contact the Board office at:

Phone: (870) 901-7055

E-Mail: [arboec@sbcglobal.net](mailto:arboec@sbcglobal.net)

## **SUPERVISEE INFORMATION**

### ***Definition of Supervision***

Bernard and Goodyear (1992) define supervision as an intervention provided by a senior member of a profession to a junior member of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the junior member, monitoring the quality of professional services offered to the clients he or she sees, and serving as a gatekeeper for those who are to enter that particular profession.

## **RECEIVING SUPERVISION**

### **Supervisee's Responsibilities**

1. Decide to be supervised – seek supervision actively and not only because it is required.
2. Schedule regular supervision and use supervision as needed in crisis.
3. Provide supervisor with information about cases, especially those that are difficult.
4. At all times, safeguard the communication of your clients in a confidential manner.
5. The focus in supervision should be skills; that is, process, conceptualization, personalization, and professionalism.
6. Actively seek feedback from your supervisor.
7. Do not ask your supervisor to be more than a supervisor, that is, to be your counselor or friend.
8. Be clear in your own mind what you expect from your supervisor and discuss your expectations with him/her.

### **Focus of Supervision**

In order for the learning and refining of skills to occur, there are certain elements that must be present. Supervisees must be mentally and emotionally prepared for supervision.

## **Process**

1. Give yourself permission to be a learner, that is, identify your own learning needs.
2. Be open to input from your supervisor.
3. Be willing to make mistakes and to talk openly about them with your supervisor.
4. Be willing to admit your ignorance to yourself and to your supervisor.

## **Process/Personalization**

1. Express to your supervisor your reactions toward your client and toward your supervisor.
2. Be ready to focus not only client dynamics, but also your dynamics as a counselor and as a person.
3. In supervision, your personal issues may be identified; that is, getting involved with clients may open up some of your own psychological wounds. Your supervisor may focus on the problem areas, but must not provide therapeutic counseling. You should seek therapeutic counseling or work through the issues with someone outside of the supervision relationship.
4. When you have conflicts with a supervisor, it is a good idea to discuss them and do all you can to work through them. If the conflicts cannot be resolved, seek supervision elsewhere.

## **Conceptualization**

1. Evaluate yourself before each supervision session.
2. As you enter each supervision session, be prepared to use your time productively, you should leave with a sense of direction.

## **Professionalism**

1. Trusting your supervisor is critical.
2. When contracting for supervision, clarify the content and format of supervision.
3. While under supervision, try different styles. Learn from others and listen to your own inner voice in order to develop your own style.
4. Consider changing supervisors over the course of time. Experiencing different supervisory styles may be beneficial – you may get information that seems crepant; that is, content, focus, or technique – consider the processes as alternatives rather than as right or wrong.
5. If your supervisor is not keeping your supervision agreements, be assertive and persistent to ensure that your needs are met. You also have the right to change your supervisor at any time during your supervision.

**The key to maximizing supervision experience is to invest additional energy between supervision and subsequent counseling sessions.**

## **Context of Supervision – Methods of Supervision**

1. Simulation
  - role play
  - supervisor takes on a teacher role with focus on process skills
2. Live Supervision
  - supervisor actively participates during counseling through: phone-in, call counselor out of session, come to session at prearranged time, or bug-in-the-ear
  - allows supervisor to redirect the session
  - supervisor takes on a teacher role with focus on process skills
  - allows for maximizing supervisees learning needs and therapy needs of client
3. Audio/Video Tape and Live Observation
  - observe supervisee in practice then provide supervision
  - observation is most threatening; supervisee is vulnerable; there must be trust
  - supervisor takes teacher and “counselor” role in order to be sensitive to supervisee’s fears and anxieties
  - place focus on process and on personalization skills



#### 4. Self-Report

- supervisee is in control of what is reported
- a drawback: self-report does not allow the supervisor to help the supervisee on blind spots
- supervisor primarily takes on a consultant role
- focus is on conceptualization and personalization

#### 5. Individual Supervision

- Focus exclusively on one supervisee
- Deal with any one of the four skills
- Use any of the three roles
- Use primarily teacher and consultant

#### Group Supervision

- Present cases and group discussion
- Allow learning from other cases
- Deal with all four skills with emphasis in conceptual and professional roles
- Minimal counselor/therapy role

### **Ethics of Supervision**

1. Your clients must be aware that you are a Licensed Associate Counselor or Licensed Associate Marriage and Family Therapist under supervision.
2. Your clients must be informed that sessions will be taped. Clients must also be told how the tapes will be used. Counselors must obtain a signed release of information from clients prior to viewing the tape with the supervisor.
3. Your clients must know that their cases may be discussed in supervision with other supervisees.
4. Supervisee **must** receive regular supervision for **all** client counseling.

Adopted 6/96

Revised 1/4/01

Policies  
Board of Examiners in Counseling  
Obtaining Credit for Supervised Experience  
Effective February 1, 1997  
Revised January 4, 2001

Licensed Associate Counselors must complete three years of Board approved Post-Master's supervised experience prior to approval as a Licensed Professional Counselor. Fifty percent of the required supervision may be group supervision.

LAC's must be under Board approved supervision at all times. Practice as a LAC without Board approved supervision will result in suspension of the License and may result in revocation of the license.

*The following definitions will be used to grant credit for supervised experience:*

One Thousand (1,000) Client Contact Hours (CCH) will equal one year of experience. Fifty percent (50%) or 500 CCH's may be group supervision.

Five Hundred (500) CCH will equal six months of experience. Fifty percent (50%) or 250 CCH's may be group supervision.

Two Hundred Fifty (250) CCH will equal three (3) months of experience. Fifty percent (50%) or 125 CCH's may be group supervision.

Eighty Three (83) CCH will equal one (1) month of experience. Fifty percent (50%) or 42 CCH's may be group supervision.

*A maximum of two years at Post-master's supervised experience may be credited through graduate courses in counseling. Graduate credit hours in counseling courses may be substituted for supervised experience at the following rates:*

Thirty (30) semester hours of approved courses will be equivalent to one (1) year (1,000 CCH's) of supervised experience.

Each one (1) approved graduate semester credit hour will be equivalent to 33 CCH's of supervised experience. Three approved graduate semester credit hours will equal 100 CCH's of supervised experience. Quarter credit hours may be approved at the rate of 8 CCH's per hour.

*Supervised experience must be completed according to the following ratios:*

*Phase I*

During the first 1,000 CCH's of supervised experience, the LAC must be supervised at a minimum ratio of one (1) hour of supervision for each ten (10) hours of client contact.

*Phase II*

During the second 1,000 CCH's of supervised experience, the LAC must be supervised at a minimum ratio of one (1) hour of supervision for each fifteen (15) hours of client contact.

*Phase III*

During the third 1,000 CCH's of supervised experience, the LAC must be supervised at a minimum ratio of one (1) hour of supervision for each thirty (30) hours of client contact.

*The supervisor of the LAC may request Board approval for a change in the supervision agreement at any time.*

**Evaluation reports must be submitted upon the completion of each six (6) calendar months.**

*Up to 24 months of supervision credit for class work in counseling is allowed. The Board cannot waive twelve (12) months of face-to-face supervision post-graduate degree. [Act 593 of 1979, Section 8,g ]*

Course work and Board approved Supervised Work Experience from another State or Agency will be applied to Phase III, then Phase II. The one (1) year (1,000 CCH's) remaining must be in Phase I at the ratio of 1:10.

## APPLICATION FOR LICENSURE

All application materials must be in the Arkansas Board of Examiners office one (1) month prior to the registration deadline date given for the NCE or MFT examination.

Applicant must be a citizen of the United States or have a current green card issued by the U.S. Immigration Bureau documenting legal alien work status in the U.S.

\_\_\_ Licensed Associate Counselor (LAC) \_\_\_ Associate Marriage & Family Therapist (AMFT)

\_\_\_ Licensed Professional Counselor (LPC) \_\_\_ Marriage & Family Therapist (MFT)

(An application fee of \$200.00 must accompany the submission of this completed form.)

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) on transcript(s) if different from #1: \_\_\_\_\_

Birthplace: \_\_\_\_\_

(City) (County) (State) (Other)

United States Citizen: \_\_\_ YES \_\_\_ NO. If no, attach copy of current green card issued by U.S. Immigration Bureau, to document and verify legal alien work status in the U.S.

Social Security Number: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Street (required): \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Residential: \_\_\_\_\_ Office: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Work Experience (cite most recent first):

*Position Responsibilities Supervisor Dates*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Professional Training (cite most recent first):

*Dates College/University Specialization Credential/Degree*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you intend to apply for a specialty designation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

5. If Yes, please name the specialty: \_\_\_\_\_

6. Do you possess professional license(s) or certificate(s) issued by any state? Yes: \_\_\_\_ No: \_\_\_\_

7. If answer is yes, give license or certificate number(s), title(s), and states issuing license(s) or certificate(s): \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever denied a license and/or certification? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If answer is yes, briefly state reasons: \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever had your license or certificate revoked, canceled or suspended? Yes \_\_\_\_ No \_\_\_\_

11. If answer is yes, state reasons: \_\_\_\_\_  
\_\_\_\_\_

12. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

13. If answer is yes, please provide the following information:

Date of conviction: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Felony charge: \_\_\_\_\_

#### 14. Current Employment Information

##### Primary Employment Setting:

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Setting: Independent private practice \_\_\_\_\_ School \_\_\_\_\_

Governmental agency \_\_\_\_\_ Non-profit organization \_\_\_\_\_

(Employed) private practice \_\_\_\_\_ Other (state type) \_\_\_\_\_

##### Secondary Employment Setting

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Setting: Independent private practice \_\_\_\_\_ School \_\_\_\_\_

Governmental agency \_\_\_\_\_ Non-profit organization \_\_\_\_\_

(Employed) private practice \_\_\_\_\_ Other (state type) \_\_\_\_\_

Name and degree of supervisor(s): \_\_\_\_\_

Position of supervisor(s): \_\_\_\_\_

Licensure status: \_\_\_\_\_

**PLEASE READ CAREFULLY**

In making this application to the Arkansas Board of Examiners in Counseling for the issuance of a license, I agree to abide by the rules and regulations of the Arkansas Board of Examiners in Counseling and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the American Counseling Association and/or American Association of Marriage & Family Therapy. I understand that I am bound by both codes if I hold both licenses. I further agree that the fee submitted with this application is non- refundable.

I agree to hold the Arkansas Board of Examiners in Counseling, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the said license to the Board.

I have read Act 593, Act 244 amendment, and the Rules and Regulations of the Board and am familiar with the requirements of the Acts and with the Rules and Regulations of the Board.

The information which I have provided in this application is truthful. I understand that giving the Board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
(Application Packet valid for one year from this Date.)

Board Policy requires that each applicant attach a photograph taken within the last 12 months. Photograph must be attached Prior to Notary Signature.

Attach photograph here

**VERIFICATION OF APPLICATION**

State of Arkansas

County of: \_\_\_\_\_

I, \_\_\_\_\_, Applicant for licensure, state upon oath that the statements contained in the above and foregoing application are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal:

EFFECTIVE JANUARY 1, 2003

60 GRADUATE HOURS ACCEPTABLE TO THE BOARD ARE REQUIRED FOR AN APPLICATION FOR AN ARKANSAS COUNSELING OR MARRIAGE AND FAMILY THERAPIST LICENSE TO BE PROCESSED.

THE CORE CURRICULUM COURSES MUST BE DOCUMENTED. THE ADDITIONAL COURSES MUST BE COUNSELING IN NATURE AND RELATED TO THE DEGREE AS APPROVED BY THE APPLICANT'S UNIVERSITY ADVISORS.

RECOMMENDED COURSE ELECTIVES FROM JANUARY 1, 2003 TO JANUARY 1, 2005  
FOLLOW:

ABNORMAL PSYCHOLOGY  
PSYCHOPATHOLOGY  
DSM  
FAMILY & RELATIONSHIP  
PSYCHOPHARMACOLOGY

**COURSES WILL BE MANDATED JANUARY 1, 2005**

Projected completion date for the implementation of the revised Rules/Regulations is July 1, 2003.

DISTANCE LEARNING RULES AND REGULATIONS ARE BEING REVISED BY THE BOARD. WILL BE PUBLISHED WHEN FINALIZED.

January 1, 2003



Applicant's Name \_\_\_\_\_

Core Curriculum Summary  
LAC or LPC

**"B" Grade above required in each of the required 60 semester graduate hours  
Brick Mortar and Distance Learning Course Work Accepted if Courses Meet the Standards Adopted  
By the Board**

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**PROFESSIONAL IDENTITY (3hour minimum)**

Studies that provide an understanding of all of the following aspects of professional functioning: a.) history and philosophy of the counseling profession, including significant factors and events; b.) professional roles, functions, and relationships with other human service providers; c.) technological competence and computer literacy; d.) professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases; e.) professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; f.) public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession; g.) advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and h) ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling. Page 60, CACREP STANDARD, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK

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DISTANCE LEARNING COURSE WORK

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**SOCIAL AND CULTURAL DIVERSITY (3 hour minimum)**

Studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individual, couples, families, ethnic groups, and communities including all of the following; a) multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally; b) attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities; c) individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups; d.) counselors' roles in social justice, advocacy and conflict resolution, cultural self awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body; e) theories of multicultural counseling, theories of identity development, and multicultural competencies; and f.) ethical and legal considerations. Page 61, CACREP STANDARD, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK		
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DISTANCE LEARNING COURSE WORK		
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### **HUMAN GROWTH AND DEVELOPMENT (3 hour minimum)**

Studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following; a.) theories of individual and family development and transitions across the life span; b.) theories of learning and personality development; c.) human behavior, including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior; d.) strategies for facilitating optimum development over the life span; and e.) ethical and legal considerations. Page 61-62, CACREP STANDARDS, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK		
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DISTANCE LEARNING COURSE WORK		
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### **CAREER DEVELOPMENT ( 3 hour minimum)**

Studies that provide an understanding of career development and related life factors, including all of the following: a.) career development theories and decision making models; b.) career, avocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems; c.) career development program planning, organization, implementation, administration, and evaluation; d.) interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development; e.) career and educational planning, placement, follow-up, and evaluation; f.) assessment instruments and techniques that are relevant to career planning and decision making; g.) technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate world wide web sites; h.) career counseling processes, techniques, and resources, including those applicable to specific populations; and i.) ethical and legal considerations. Page 62, CACPER STANDARDS, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK		
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## DISTANCE LEARNING COURSE WORK

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### **HELPING RELATIONS ( 3 hour minimum )**

Studies that provide an understanding of counseling and consultation process, including all of the following: a.) counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills; b.) an understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries; c.) counseling theories that provide the student with a consistent model (s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavior, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling; d.) a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and systems theories as appropriate modalities for family assessment and counseling; e.) a general framework for understanding and practicing consultation. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to develop a personal model of consultation; f.) integration of technological strategies and applications within counseling and consultation processes; and g.) ethical and legal considerations. Page 62-63, CACREP STANDARD, 2001

Course #	Institution	Course Title
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## TRADITIONAL-BRICK MORTAR COURSE WORK

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## DISTANCE LEARNING COURSE WORK

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### **GROUP WORK (3 hour minimum)**

Studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following: a.) principles of group dynamics including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work; b.) group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles; c.) theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature; d.) group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and , methods of evaluation of effectiveness; e.) approaches used for other types of group work, including task groups, psychoeducational groups, and therapy groups; f.) professional preparation standards for group leaders; and g.) ethical and legal considerations. Page 63-64, CACREP STANDARD, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK		
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DISTANCE LEARNING COURSE WORK		
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### **ASSESSMENT ( 3 hour minimum)**

Studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following: a.) historical perspectives concerning the nature and meaning of assessment; b.) basic concepts of standardized and non standardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations and computer-managed and computer-assisted methods; c.) statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations; d.) reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information); e.) validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity; f.) age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations; g.) strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling; h.) an understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and i.) ethical and legal considerations. Page 64, CACREP STANDARD, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK		
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DISTANCE LEARNING COURSE WORK		
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### **RESEARCH AND PROGRAM EVALUATION ( 3 hour minimum)**

Studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following: a.) the importance of research and opportunities and difficulties in conducting research in the counseling profession; b.) research methods such as qualitative, quantitative, single-case designs, action research, and outcome based research; c.) use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy; d.) principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications; e.) use of research to improve counseling effectiveness; and f.) ethical and legal considerations. Page 64-65 CACREP STANDARD, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK		
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DISTANCE LEARNING COURSE WORK

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**ABNORMAL PSYCHOLOGY ( 3 hour minimum)**

A survey of behavior disorders ranging from the mild to severe. The etiology, treatment, and prognosis of the various maladaptive behavior patterns are examined. Course objective, the course is intended as an introduction to abnormal psychology for students entering the program with other than a psychology degree. Students will gain a broad understanding of psychological disorders in both children and adults. Course content regarding these disorders will include historical views, current models, the diagnostic classification system, etiology, assessment, and treatment.

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK

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DISTANCE LEARNING COURSE WORK

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**PSYCHOPATHOLOGY ( 3 hour minimum)**

A survey of behavior disorders, their origins, characteristics, and treatment. The objectives of the course are two-fold. First, students will learn diagnostic criteria for mental disorders as classified by the Diagnostic and Statistical Manual-IV-TR of the American Psychiatric Association and will be able to conduct differential diagnosis of the various disorders. Students will also understand basic issues of classification accuracy, clinical judgment, objective measurement, and labeling of clients. Second, students will be able to develop treatment plans for the major disorders. Plans will include behavioral and observational outcomes, recommended psychotherapy plan, suggested psychotropic medications and prognosis.

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK

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DISTANCE LEARNING COURSE WORK

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**DSM AND / ICD ( 3 hour minimum)**

Courses in this area should provide training in using the DSM or ICD manuals in providing appropriate diagnosis and categorization of mental disorders.

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK

DISTANCE LEARNING COURSE WORK

**FAMILY & RELATIONSHIP ( 3 hour minimum)**

A course to gain an understanding of the historical development of family systems theory and the major contributors of the theory and practice of family therapy, to demonstrate a working knowledge of the major theoretical concepts that are foundational to the field of family therapy. (Essential Knowledge). To integrate and evaluate a systemic world-view through a Biblical framework. (Attitudes and values) To develop skill in the application of a systems framework to the practice of marriage and family therapy. (Competence)

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK

DISTANCE LEARNING COURSE WORK

**PSYCHOPHARMACOLOGY ( 3 hour minimum)**

Courses in this area should address the physiological/medical aspects of mental illness and the medications that are used to treat specific common disorders.

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK

DISTANCE LEARNING COURSE WORK

## **PRACTICUM AND / OR INTERNSHIPS ( 9 hour minimum)**

The practicum total a minimum of 100 clock hours including 40 hours of direct service with clients, including experience in individual counseling and group work; weekly interaction with an average of one hour per week of individual and/or triadic supervision which occurs regularly over a minimum of one academic term by a program faculty member or a supervisor working under the supervision of a program faculty member; an average of 1 ½ hours per week of group supervision that is provided on a regular schedule over the course of the student's practicum by a program faculty member or a supervisor under the supervision of a program faculty member, and evaluation of the student's performance throughout the practicum including a formal evaluation after the student completes the practicum. The Internship/internships requires the minimum of supervised 600 clock hours that is begun after the completion of the practicum (Standard III.G) The internship includes 240 hours of direct service with clients appropriate to the program of study; weekly interaction with an average of one hour per week of individual and/or triadic supervision, throughout the internship, (usually performed by the on-site supervisor); an average of 1 ½ hours per week of group supervision provided on a regular schedule throughout the internship, usually performed by a program faculty member; the opportunity for the student to become familiar with a variety of professional activities in addition to direct service ( record keeping, supervision, information and referral, in-service and staff meetings); the student develops program-appropriate audio and/or videotapes of student's interactions with clients for use in supervision; the opportunity to gain supervised experience in the use of a variety of professional resources such as assessment instruments, technologies, print and non print media, professional literature, and research, and a formal evaluation of the student's performance during the internship by a program faculty member in consultation with the site supervisor. Condensed Pages 66-68, CACREP STANDARD, 2001

Course #	Institution	Course Title
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TRADITIONAL-BRICK MORTAR COURSE WORK


DISTANCE LEARNING COURSE WORK


## **Credential Evaluation Services**

International graduate degree(s) must be submitted with an English translation and certification from a credential evaluation service and approved by the Board. These agencies must certify that the foreign degree is equivalent to a United States graduate degree. All costs for this certification are the responsibility of the applicant. For a list of services, please contact the National Association of Credential Evaluation Services, Inc at (414) 289-3400.

Approved: _____	Denied: _____
Signature	Signature

Date: _____	Date: _____
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**Effective January 1, 2005**

Course contents meets

2001 Standards

Council for Accreditation of Counseling and Related Education Programs (CACREP),  
5999 Stevenson Avenue, AACD Building, Alexandria, VA 22304

Phone: (703)829-9088, ext. 301; Fax: (703)823-0252

E-Mail: [CACREP@aol.com](mailto:CACREP@aol.com)



Effective January 1, 2003

60 Graduate hours, acceptable to the Board are required for an application for an Arkansas Counseling License or Marriage and Family Therapist License to be processed. The core curriculum courses mandated January 1, 2005 must be documented by transcript. The additional courses must be counseling in nature and related to the degree approved by the applicant's university program.

## **GUIDELINES FOR WRITING -THE SCOPE OF PRACTICE- STATEMENT OF INTENT**

The Statement of Intent (SI) is the Board approved scope of practice and defines your practice for the dates of your current license. The SI should be written in first person, present tense. The SI is in effect from the date of your license issue to each renewal. New SI must be submitted with renewal fees. Clients, insurance companies, and other interested parties should be able to tell by reading your statement what services you are offering. Comparable to a brochure advertising your counseling practice, the SI must be kept revised and up-to-date. Your Statement of Intent should reflect the services your academic training and work experiences have qualified you to offer. Pursuing additional training and/or working under supervision allows you to expand your qualifications and your services. Upon completion of additional training or practice changes send a revised SI for formal Board approval. Until approved, your practice is limited to the approved SI on file. Examples: Job changes, additional training, population changes, use of assessment instruments.

**Arkansas Code Annotated 17-27-301 Qualifications and Case Note Supreme Court 334 Ark 614, 976 SW 2d 934 (1998) a Licensed Counselor must confine his/her practice to the ambit of the Statement of Intent.**

### **Nature of My Counseling or Therapy Practice**

A fine line exists between making this section too broad or too narrow. Specifying a place of employment will limit your practice to that place. It is best to define the nature of your practice in terms of whether it will be inpatient or outpatient (or both), and/or whether it will be private, clinical, or in another setting such as academic. In this section, you should identify the types of issues, presenting problems, or disorders you are willing and competent to treat. It is often helpful to define these in terms of the major chapters of the Diagnostic and Statistical Manual (IV-TR), for example, anxiety disorders, mood disorders, substance abuse disorders, and so on. You may wish to indicate other issues clients present such as relationship issues, grief and loss, marital issues, parenting problems, and so on. It is important to list all issues you are willing and competent to treat, especially if you intend to claim third party reimbursement for such treatment. Should an insurance company or other third party payer call ABOEC to ask if you are qualified to treat a specific disorder, your Statement of Intent will be the document to which the staff of ABOEC will refer.

### **Theoretical Approaches**

Most Counselors/Therapist find it easy to specify the theoretical approaches they will use with the population they specify. Eclectic is too broad. Specify the theories you integrate and explain how they are integrated in your practice and applied to your clients.

### **Methods and Techniques**

Counselors/Therapists often neglect to indicate the specific methods and techniques they use, based on the theories they have specified. Techniques listed should be drawn from the listed theories applied to your clients. **Following that list, specify other techniques you use, delineating which ones come from the theories identified under approaches.** Third-party-payers and potential clients should be able to tell what you typically “do” in sessions: Sometimes they are looking for a therapist who uses (or does not use) certain approaches and techniques.

### **Population to be Served**

You need to document that you have training or experience with the population specified to serve. Statements such as “children, adolescents, and adults” are usually too broad unless the training and experiences clearly support that you have worked with persons of all ages from very young to very old. It may be helpful to specify such as pre-school children, older children, adolescents, young adults, mature adults, the middle aged, and/or geriatric adults.

### **Assessment Instruments to be Used and Purpose of Each Use**

Specify by name any assessment instrument you intend to administer, interpret and the purpose of such. For example, “Self-Directed Search will be used to explore interests for career counseling” or “the Myers Briggs Type Indicator will be used to identify personal preferences and differences when doing relationship counseling.” Your Board file must reflect documentation of graduate course work or Board approved equivalent training for the administration of instruments listed on the Statement of Intent (SI) Note the qualifying statement under Assessments. **Projective instruments for personality assessment may not be used under licenses issued by the Counseling Board.**

### **Format**

**Statement of Intent (the scope of practice) form will not be accepted by the Board unless it is typed or word processed. SI should be written in first person, present tense and in complete sentences. Each page must be numbered, signed, and dated by the person completing the form.**

**GUIDELINES FOR WRITING STATEMENT OF INTENT**  
Counseling Techniques Suggestions compiled by Rochelle C. Moss

**Cognitive Behavioral**

- ☐ Reframing exercises
- ☐ Self-talk
- ☐ Self-analysis/self-evaluation/self-assessment
- ☐ Homework therapy
- ☐ Relaxation techniques
- ☐ Muscle relaxation
- ☐ Deep breathing
- ☐ Cognitive imagery
- ☐ Guided imagery
- ☐ Systematic desensitization
- ☐ Problem-solving skills training
- ☐ Self-monitoring
- ☐ Cognitive restructuring
- ☐ Role playing social problem-solving situations
- ☐ Self-reinforcement
- ☐ Self-instruction
- ☐ Modeling
- ☐ Positive incentives
- ☐ Behavioral rehearsal
- ☐ Monitoring negative thoughts
- ☐ Restructuring negative or maladaptive thoughts

**Person-Centered**

- ☐ Active listening
- ☐ Reflection of feelings
- ☐ Clarification
- ☐ Empathy
- ☐ Unconditional Positive Regard
- ☐ Congruence

**Adlerian**

- ☐ Gathering life history  
(genogram, family constellation, early recollections)
- ☐ Therapeutic contracts
- ☐ Homework assignments
- ☐ Paradoxical intention
- ☐ Suggestions
- ☐ Confrontation
- ☐ Interpretation
- ☐ Providing encouragement
- ☐ Paraphrasing
- ☐ “Aha” experience
- ☐ Catching Oneself
- ☐ Acting “as if”

**Gestalt**

- ☐ Reliving /re-experiencing unfinished business
- ☐ Confrontation
- ☐ Staying with feelings
- ☐ Role playing
- ☐ Empty chair

- ☐ Creative expression (art, poetry, writing, movement)
- ☐ Psychodrama
- ☐ Putting feelings or thoughts into action
- ☐ Body awareness (breathing awareness)
- ☐ Guided imagery
- ☐ Focusing on the here and now

**Behavior**

- ☐ Reinforcement techniques
- ☐ Relaxation methods
- ☐ Modeling
- ☐ Assertion/social skills training
- ☐ Self-management programs
- ☐ Behavioral rehearsal
- ☐ Coaching
- ☐ Contracts
- ☐ Homework assignments

**Reality**

- ☐ Evaluation of present behavior
- ☐ Willingness to change
- ☐ Development of specific plan to change
- ☐ Awareness of how life would be different
- ☐ Commitment to follow through with plan

**Psychoanalytic**

- ☐ Interpretation
- ☐ Dream analysis
- ☐ Free association
- ☐ Analysis of resistance
- ☐ Analysis of transference
- ☐ Questioning to develop case history

**Existential**

- ☐ Identification of responsibility avoidance
- ☐ Confronting irresponsibility
- ☐ Owning of feelings, statements and actions
- ☐ Attacking “wish” avoidance
- ☐ Attacking affect avoidance
- ☐ Unblocking decision-making

**Family Therapy**

From General Systems Theory:

**Transgenerational/Bowenian/Contextual**

- ☐ Boundary making
- ☐ Family sculpting
- ☐ Genogram
- ☐ Family reconstruction
- ☐ Therapeutic contract
- ☐ Going home assignments
- ☐ Differentiation assignments
- ☐ Family ledger
- ☐ Con't next page

**Structural**

- ☐ Enactments
- ☐ Unbalancing
- ☐ Tracking
- ☐ Assess family structure
- ☐ Assess family rules/roles
- ☐ Reframing
- ☐ Draw-A-Person
- ☐ Kinetic Family Drawings
- ☐ Family play

**Strategic**

- ☐ Assess hierarchy/power
- ☐ Circular questioning
- ☐ Miracle question
- ☐ Scaling questions
- ☐ Exception questions
- ☐ “As-if” assignments
- ☐ Homework assignments
- ☐ “Go slow” messages

**Experiential**

- ☐ Positive connotations
- ☐ Paradoxical interventions
- ☐ Rituals
- ☐ Ordeal assignments
- ☐ Prescribing the symptom
- ☐ Behavioral parent training
- ☐ Restraining techniques
- ☐ Identifying self-defeating patterns
- ☐ Invariant prescription

- ☐ 2<sup>nd</sup> order changes
- ☐ Family Sculpting
- ☐ Family drawings
- ☐ Hypnosis/trance
- ☐ Here-and-now techniques
- ☐ There-and-then techniques

**Narrative**

- ☐ Questioning (opening space, meaning, future)
- ☐ Deconstruction
- ☐ Co-construction
- ☐ Re-storying
- ☐ Externalizing
- ☐ Mapping influence of problem
- ☐ Find Exceptions to Problem
- ☐ Therapist’s letter-writing
- ☐ Internalized Other Interview
- ☐ Preferred view of self/from others

**Psychoanalytic Family Therapy/Object Relations**

- ☐ Participant observation
- ☐ Listening
- ☐ Avoid reassuring, advising, confronting
- ☐ Interpretation
- ☐ Avoid counter transference

**Integrative Family Therapy**

- ☐ Language of parts
- ☐ Internal conversations
- ☐ Micro/Macro lenses
- ☐ Solution focus

# SCOPE OF PRACTICE STATEMENT OF PROFESSIONAL INTENT

Licensed Associate Counselor (LAC) \_\_\_\_\_ Licensed Professional Counselor (LPC) \_\_\_\_\_  
Licensed Associate Marriage /Family Therapist (LAMFT) \_\_\_\_\_  
Licensed Marriage and Family Therapist (LMFT) \_\_\_\_\_

Name \_\_\_\_\_ / /  
Type or Print Signature Mo/Day/Year

## NATURE OF MY PRACTICE

## DISORDERS, ISSUES, PRESENTING PROBLEMS TO BE TREATED

## THEORETICAL APPROACH

## METHODS AND TECHNIQUES

## POPULATION(S) TO BE SERVED

## ASSESSMENT INSTRUMENTS I WILL ADMINISTER AND PURPOSE OF USE *Projective Techniques are not permitted under this license. [Act 593 of 1979, Sec. 3(e) 2]*

I understand that my Statement of Intent is my scope of practice and reflects the training documented in my Board file. I will revise my Statement of Intent when I document additional training and/or changes in my scope of practice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ FOR LICENSE

NUMBER \_\_\_\_\_ VALID \_\_\_\_\_

**LETTER OF RECOMMENDATION**  
**TO**  
**Arkansas Board of Examiners in Counseling**

*The applicant must complete items 1-3. Item 4 is optional.*

1. Applicant's Name: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_

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3. Proposed Area(s) of Counseling Practice: \_\_\_\_\_

4. I waive the right by the Family Education Rights and Privacy Act of 1974  
(Buckley Amendment) to view this letter of recommendation on file with Board.

Signature: \_\_\_\_\_

*Forward this form to an individual well acquainted with your education and counseling.*

**To Writer of Letter of Recommendation:**

**Length of time you have know applicant: Dates from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Please rate the applicant in the following categories:**

No Opinion    1=Poor    2=Fair    3=Good    4=Very Good    5=Excellent

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Professional Ethics: \_\_\_\_\_

\_\_\_\_\_

Professional Knowledge: \_\_\_\_\_

\_\_\_\_\_

Personal Character: \_\_\_\_\_

\_\_\_\_\_

Professional Training: \_\_\_\_\_

\_\_\_\_\_

Counseling Skill Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**Institution Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Arkansas Board of Examiners in Counseling  
P.O. Box 70  
Magnolia, AR 71754-0070

**SUPERVISED PRACTICE DOCUMENTATION (POST MASTERS)**

***FOR***

**ARKANSAS BOARD OF EXAMINERS IN COUNSELING**

*Must be professional work completed after the transcript date the Masters Degree was conferred.*

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Length of Supervision: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Total Client Contact Hours: \_\_\_\_\_ Total Supervised Hours:

\_\_\_\_\_

CCH worked per week: \_\_\_\_\_ SH per week: \_\_\_\_\_

Work Setting and Title during Documented Supervised Practice:

Supervisor: \_\_\_\_\_

Applicant: \_\_\_\_\_

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Describe the Categories of Counseling Contacts: \_\_\_\_\_

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**I VERIFY THE INFORMATION ABOVE AS ACCURATE FOR THE APPLICANT**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Phone # \_\_\_\_\_ Institution: \_\_\_\_\_

Supervisor's address: \_\_\_\_\_

Do you (Supervisor) hold a license or certificate to practice as one of the following?

• Counselor      • Therapist      • Psychologist      • Other: \_\_\_\_\_

License or Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Return this form directly to: *Arkansas Board of Examiners in Counseling*  
*P.O. Box 70*  
*Magnolia, AR 71754-0070***



# Arkansas Board of Examiners in Counseling

## SPECIALIZATION LICENSE APPLICATION

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

License Number(s): \_\_\_\_\_

*Please send \$10.00 application/license fee for each specialization requested below:*

_____ Career	_____ Gerontological
_____ School	_____ Clinical Mental Health Counselor or Psychotherapist
_____ Hypnotherapy	_____ Pastoral
_____ Rehabilitation	_____ Supervision for LAC's
_____ Appraisal	_____ Supervision for LAMFT's
_____ Drug & Alcohol	_____ Play Therapy
_____ Addictions	_____ Biofeedback
_____ Art Therapy	
_____ Other: _____	

*Please attach training and academic credentials, and fee(s) to support each request for Board approval. You must document National Standards met for each specialization requested.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SPECIALIZATION INFORMATION**

### Appraisal and Supervision *(Request application materials from)*

Arkansas Board of Examiners in Counseling

P.O. Box 70

Magnolia, AR 71754-0070

Phone: (870) 901-7055

### Career, School, Addictions, Gerontological, Clinical Mental Health Counselor

*Request application materials from:*

National Board for Certified Counselors (NBCC)

3 Terrace Way, Suite D

Greensboro, NC 27403-3660

Phone: (336) 547-0607

### Hypnotherapy *(Request application materials from)*

National Board for Certified Clinical Hypnotherapists (NBCCH)

8750 Georgia Ave., Suite 142-E

Silver Spring, Maryland 20910

Phone: (301) 608-0123 or (800) 449-8144

### Rehabilitation *(Request application materials from)*

Commission on Rehabilitation Counselor Certification (CRCC)

1835 Rohlwing Rd., Suite E

Rolling Meadows, Illinois 60008

Phone: (708) 394-2104

### Drug & Alcohol *(Request application materials from)*

Arkansas Substance Abuse Certification Board (ASACB)

UALR- Midsouth

2801 South University Ave.

Little Rock, AR 72204-1099

Phone: (501) 569-3073

### Pastoral *(Request application materials from)*

American Association of Pastoral Counselors (AAPC)

9504 A Lee Highway

Fairfax, Virginia 22031-2303

Phone: (703) 385-6967

### Play Therapy *(Request application materials from)*

Association for Play Therapy

C/O California School of Professional Psychology

1350 M. Street

Fresno, CA 93721

Phone: (209) 486-0851

### American Art Therapy Association, Inc *(Request application materials from)*

1202 Allanson Rd.

Mundelein, IL 60060-3808

Phone: (847) 949-6064

[www.arttherapy.org](http://www.arttherapy.org)

**Verification of State Professional License/Certificate**

**The completed form must be mailed to:**  
**THE ARKANSAS BOARD OF EXAMINERS IN COUNSELING**  
**P.O. BOX 70**  
**MAGNOLIA, AR 71754-0070**  
**by the State Board that regulates the applicant's license/certificate**

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(please print)

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1. Does the applicant hold a current state license/certificate?

YES\_\_\_\_ NO\_\_\_\_ Date of Original Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Is the status provisional? YES\_\_\_\_ NO\_\_\_\_

If YES, when will the applicant have full status? \_\_\_\_\_

3. Was the applicant licensed by passing the \_\_\_\_\_ NBCC or \_\_\_\_\_ AAMFT test?

YES\_\_\_\_ NO\_\_\_\_ Score: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Pass Score: \_\_\_\_\_

Was this applicant licensed through the "grandfather" examination exemption process?

YES\_\_\_\_ NO\_\_\_\_

4. Has the applicant's license/certificate ever been suspended or revoked?

YES\_\_\_\_ NO\_\_\_\_ If YES, please attach comments.

5. Has the applicant's license/certificate ever been voluntarily relinquished?

YES\_\_\_\_ NO\_\_\_\_ If YES, please attach comments.

6. Are there any valid complaints pending or have there ever been any valid complaints against the applicant?

YES\_\_\_\_ NO\_\_\_\_ If YES, please attach comments.

7. If the applicant is currently licensed is he/she in good standing?

YES\_\_\_\_ NO\_\_\_\_ If NO, please attach comments.

Other comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

State Seal

Date: \_\_\_\_\_

Title: \_\_\_\_\_

## **CORRECTION FORM**

### **PERSONAL DATA CORRECTION FORM**

**Please check carefully your name and address on the license renewal notice.  
If you wish to change, please indicate the correction in the space below and return  
with your check, and continuing education folder.**

**NAME:** (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

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**TELEPHONE: Residence:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

## ARKANSAS BOARD OF EXAMINERS IN COUNSELING

### FEE SCHEDULE

Effective July 1, 2000

#### Expense Fees:

*Application Packet (directly from Board office)	\$ 20.00
*Application (Separate Charge from Packet)	\$200.00
Examination Fees:	
NCE Examination	<b>NBCC</b>
NCMHCE Examination	<b>NBCC</b>
AMFTRB Examination	<b>AMFTRB</b>
File Copy Charge (allow three weeks)	\$ 30.00
Test Score-Official Copy	\$ 15.00
Per Sheet Copy Charge (\$3.00 minimum)	\$ .25
Lists	\$ 40.00
Labels	\$ 80.00
Returned Check Charge	\$ 50.00
Replacement License	\$ 25.00
Professional Association (CORPORATE) Application	\$ 25.00
Renewal each year	\$ 10.00
Replacement ACA Code of Ethics book	\$ 10.00
Replacement AAMFT Code of Ethics book	\$ 5.00
File Maintenance-Annual fee	\$ 50.00
(Applications approved for active extension beyond the first twelve months)	

#### License Fees:

Initial licensing fee - prorate the biennial fee according to the number of months Licensed, One time only, based on \$10.00 per month: fiscal year July 1<sup>st</sup>

Biennial license renewal-Associates (LAC/LAMFT)	\$200.00
Biennial license renewal-Professionals (LPC/LMFT)	\$250.00
Late renewal fee	\$ 50.00
Change from Associate to Professional option	\$100.00

#### Specialization Fees:

Application / License fee ( <i>one time fee, renewal based on generic license renewal</i> )	\$ 50.00
File maintenance-Annual fee (Applications approved for active extension beyond the first twelve months)	\$ 50.00

*\*One fee if applying for both licenses at the same time.*